Edgar Filing: Williams Jack P Jr - Form 4

| Williams Ja Form 4 November 2 FORN Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b). | 28, 2018 A 4 UNITED his box his box to STATEN 16. or Filed pu ons tinue. | MENT OI rsuant to S (a) of the l | Wa F CHA Section Public U | ashingt NGES SEC 16(a) o Jtility H | IN UI f ti Ho | h, D.C. 2 N BENE RITIES he Secur Iding Co | FICI | AL OWN Exchange | OMMISSION NERSHIP OF Act of 1934, 1935 or Section 0 | OMB Number: Expires: Estimated burden ho response. | urs per | | |
|--|---|--|------------------------------------|---|------------------------|---|--------|--------------------|--|--|---|--|--|
| (Print or Type | Responses) | | | | | | | | | | | | |
| Williams Jack P Jr Symbol | | | | uer Name and Ticker or Trading 1 ON MOBIL CORP [XOM] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) 3. Da (Mon | | | | te of Earliest Transaction th/Day/Year) 7/2018 | | | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) <u>below</u>) Senior Vice President | | | | |
| IRVING T | (Street) TX 75039-2298 | | | nendment onth/Day/ | | Date Origin ar) | nal | | 6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M | One Reporting I | Person | | |
| (City) | (State) | (Zip) | T - I | | | Destant | C | • | Person | D | | | |
| | | | | | on- | | | - | ired, Disposed of | | • | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | Code (Instr. 8 | 3) | 4. Securi onor Dispo (Instr. 3, Amount | sed of | 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 11/27/2018 | | | F | | 6,611 | D | \$ 76.7275 | 315,526 | D | | | |
| Common Stock | | | | | | | | | 788 | I | By Dependent Child 1 | | |
| Common Stock | | | | | | | | | 788 | I | By Dependent Child 3 | | |
| Common Stock | | | | | | | | | 8,898.0182 | Ι | By Savings Plan | | |

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------------|--------------------|---------|------------------------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration Da | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ties | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | Date Exercisable | Expiration Date | Title | Amount or Number of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-----------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Williams Jack P Jr C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298 | | | Senior Vice President | | | | | |
| Signatures | | | | | | | | |
| /s/ C. K. Guild by Power of Attorney | 11/28/20 | 18 | | | | | | |
| **Signature of Reporting Person | Date | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.